## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF FLORIDA

CASE NO.: 1:23-CV-21378

| CRAIG BUREY,                                                                                                                   |                                                                                                                                                                                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| ·                                                                                                                              |                                                                                                                                                                                                                                             |  |
| Plaintiff,                                                                                                                     |                                                                                                                                                                                                                                             |  |
| VS.                                                                                                                            |                                                                                                                                                                                                                                             |  |
| NOMI HEALTH, INC.,<br>SBP STAFFING AND RECRUITING LLC,<br>SB PORT VENTURES LLC, and<br>TRIXIE BELO-OSAGIE,                     |                                                                                                                                                                                                                                             |  |
| Defendants.                                                                                                                    |                                                                                                                                                                                                                                             |  |
| SUMMONS IN A CIVIL ACTION                                                                                                      |                                                                                                                                                                                                                                             |  |
| TO: SB PORT VENTURES LLC.<br>c/o MDO CORPORATE SERVICES LLC,<br>175 SW 7 <sup>TH</sup> STREET<br>SUITE 1900<br>MIAMI, FL 33130 | its Registered Agent                                                                                                                                                                                                                        |  |
| A lawsuit has been filed against you.                                                                                          |                                                                                                                                                                                                                                             |  |
| days if you are the United States or a United States a described in Fed. R. Civ. P. 12 (a)(2) or (3) — you is                  | on you (not counting the day you received it) — or 60 gency, or an officer or employee of the United States must serve on the plaintiff an answer to the attached Rules of Civil Procedure. The answer or motion must name and address are: |  |
| Suite 770<br>Coral Gable<br>Tel: (303                                                                                          | m<br>renzo Avenue                                                                                                                                                                                                                           |  |
| If you fail to respond, judgment by default wil the complaint. You also must file your answer or moti                          | ll be entered against you for the relief demanded in ion with the court.                                                                                                                                                                    |  |
| Date:                                                                                                                          | CLERK OF COURT                                                                                                                                                                                                                              |  |
|                                                                                                                                | Signature of Clerk or Deputy Clerk                                                                                                                                                                                                          |  |

Civil Action No.:

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

|             |                                                              | , if any)                                            | was                     |
|-------------|--------------------------------------------------------------|------------------------------------------------------|-------------------------|
| received b  | y me on <i>(date)</i>                                        | <del>.</del>                                         |                         |
| u           | I personally served the summons on the individual at (place) |                                                      |                         |
|             |                                                              | ,on <i>(date)</i>                                    | ; or                    |
| u           |                                                              | s residence or usual place of abode with (name,      |                         |
|             | who resides there,                                           | , a person of suitable age a<br>on <i>(date)</i>     | and discretion<br>, and |
|             | mailed a copy to the individual's last                       | known address; or                                    |                         |
| L           | I served the summons on (name of inc                         | tividual)                                            |                         |
|             | designated by law to accept service of                       | f process on behalf of <i>(name of organization)</i> |                         |
|             |                                                              | on <i>(date)</i>                                     | ; or                    |
| u           | I returned the summons unexecuted because                    |                                                      | ; or                    |
| u           | Other (specify):                                             |                                                      |                         |
| My          | fees are \$for travel and \$                                 | for services, for a total of \$                      | ·<br>                   |
| I declare ι | under penalty of perjury that this informa                   | ntion is true.                                       |                         |
| Date:       |                                                              |                                                      |                         |
|             |                                                              | Server's Signature                                   | _                       |
|             |                                                              | Printed Name and Title                               | _                       |
|             |                                                              | Server's address                                     | _                       |

Additional information regarding attempted service, etc: